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|---------------------------------------|-------|-----------|--|--|---|------------------|
| CLAIMANT'S NAME Ruth Holton-Hodson | | | SSN or EMPLOYEE NUMBER* | | DEPARTMENT State Controller's Office | |
| POSITION Deputy State Controller | | CB/ID No. | DIVISION or BUREAU Executive | | | INDEX NUMBER |
| RESIDENCE ADDRESS * | | | HEADQUARTERS ADDRESS 300 Capitol Mall, Suite 1850 | | | TELEPHONE NUMBER |
| CITY | STATE | ZIP CODE | CITY | | STATE | ZIP CODE |
| | | | Sacramento | | CA | 95814 |

| (1) NORMAL WORK HOURS | | (2) PRIVATE VEHICLE LICENSE NUMBER | | (3) MILEAGE RATE CLAIMED | | | | | | | | | |
|-------------------------------|---|------------------------------------|------------|--------------------------|---------------------------------|-----------------|---------------------|---------------|-----------------------------|---------------------|-----------------------|-----------------------------|--------|
| (4) MONTH/YEAR | (6) LOCATION WHERE EXPENSES WERE INCURRED | (7) LODGING | (8) MEALS | | | (9) INCIDENTALS | (10) TRANSPORTATION | | | | (11) BUSINESS EXPENSE | (12) TOTAL EXPENSES FOR DAY | |
| (5) DATE | TIME | | BREAK-FAST | LUNCH | O.T., L/T, N/C, RELO. OR DINNER | | (A) COST OF TRANS. | (B) TYPE USED | (C) CARFARE, TOLLS, PARKING | (D) PRIVATE CAR USE | | | |
| | | | | | | | | | | MILES | AMOUNT | | |
| 3/24 | | Sacramento | | | | | | PC | 14.25 | | 0.00 | | 14.25 |
| 4/7 | | Sacramento | | | | | | PC | 10.50 | | 0.00 | | 10.50 |
| 4/27 | | Sacramento | | | | | | PC | 9.00 | | 0.00 | | 9.00 |
| 5/19 | 0930-2230 | Sacramento - Los Angeles r/t | | | 14.70 | | | T | 79.00 | | 0.00 | | 93.70 |
| | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | 0.00 | | 0.00 |
| (13) SUBTOTALS | | | 0.00 | 0.00 | 0.00 | 14.70 | 0.00 | 0.00 | | 112.75 | 0.00 | 0.00 | 127.45 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | |

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| CLAIM TOTAL | \$127.45 |
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| <p>(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)</p> <p>Attend Board meetings on behalf of Controller and attend ICOC interview in Los Angeles.</p> | <p>AGENCY ACCOUNTING OFFICE USE ONLY</p> <p>PAID BY REVOLVING FUND CHECK NUMBER</p> |
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| <p>(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.</p> | |
| <p>DATE</p> <p>8/9/11</p> | <p>DATE</p> <p>8/15/11</p> |
| <p>(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)</p> | |